

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34333

State File No. ....

0120  
BIRTH NO. FILED OCT 31 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4056 Registrar's No. 481

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fisk, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fisk</u> 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u> U	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lola</u> b. (Middle) <u>A.</u> c. (Last) <u>Robinson Ravelette</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 21, 1868</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>11</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Grandview, Ind./</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ray</u>	
14. NAME OF HUSBAND OR WIFE <u>Alexander Ravellette</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Mo.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Burton Ravellette, Poplar Bluff</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> DUE TO <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>June 1951</u> to <u>26 Sept 1952</u> that I last saw the deceased alive on <u>23 Sept 1952</u> and that death occurred at <u>6:20 P.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>32116th Poplar Bluff Mo 70052</u>	
23c. DATE SIGNED <u>20 Oct 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beal Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Beal, Indiana</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 20 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-1</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
OCT 30 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 1052-515

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St -  
Cogan Cliff - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.